Thawing Frozen Shoulders

There are many types of shoulder conditions, but one in particular can creep up on you without you remembering having hurt it. This condition is called Adhesive Capsulitis, or more commonly known as Frozen Shoulder.

What is a Frozen Shoulder?

Frozen shoulder or adhesive capsulitisFrozen shoulder is a condition where the shoulder joint becomes stiff and painful, often with no known cause. It usually comes on gradually, worsens over time, and then eventually resolves.

There are 3 stages in the development of a frozen shoulder which can take up to 2 years or more to complete.

- Stage 1 – Freezing stage: During this stage, the affected shoulder gradually becomes more painful and starts to lose mobility. This stage can last from 6 weeks to 9 months.

- Stage 2 – Frozen stage: Shoulder pain and stiffness is significantly noticeable during this stage. Daily tasks can be difficult to perform, and sleep disturbance is common as the pain is worse at night. This stage can last from 4 to 9 months.

- Stage 3 – Thawing stage: The shoulder is not usually painful during this stage. The stiffness decreases as the shoulder starts to “thaw” out. This stage usually last between 5 months and 2 years.

How do you get a Frozen Shoulder?

The cause of frozen shoulder is poorly understood. It is thought that the joint capsule, the lining around the shoulder joint, becomes inflamed in a frozen shoulder. This inflammation causes adhesions and scarring to form within the capsule, resulting in pain and movement restriction. There is also a lack of fluid in the joint, further reducing joint mobility.

Research indicates that sometimes a frozen shoulder can develop after a trauma or injury to the shoulder. However, in many cases, there is no known cause. Apart from trauma, some other risk factors have been linked to frozen shoulder, including:

- Age and gender – frozen shoulder tends to affect people between the ages of 40 and 60 years old. It is also much more common in women than men
- Diabetes – diabetic people are more likely to develop a frozen shoulder, as well as take longer to recover due to poor blood circulation
- Other systemic diseases – heart disease and Parkinson’s disease are some examples of systemic diseases linked to developing a frozen shoulder.

What can I do to get better?

It is advised that you see your doctor or a physiotherapist to diagnose your shoulder pain if you are unsure of the cause. If you suspect it is a frozen shoulder, some simple exercises can be performed to help prevent your frozen shoulder from worsening. These should be performed 3 to 4 times a day and should be relatively pain-free, especially if your shoulder is quite painful. See your doctor if your condition does not improve within 3-4 weeks.

Flexion

- In standing, hold a stick horizontally in front of you with hands shoulder-width apart
- With the arms straight, bring the stick from hip level towards the ceiling until you feel your pain come on
- Hold for 5 seconds and return to starting position
- Repeat 10 times

Extension

- In standing, hold a stick horizontally behind you with hands shoulder-width apart
- With the arms straight, bring the stick from hip level towards the ceiling until you feel your pain come on
- Hold for 5 seconds and return to starting position
- Repeat 10 times

External rotation

- Lie on your back and hold a stick horizontal in-front of you with your hands shoulder-width apart
- Bend the elbows to 90 degrees and keep them next to your body
- Using the hand on the pain-free shoulder, push the stick towards the affected side whilst still keeping your hands on the stick
- Hold the end position for 5 seconds and return to starting position
- Repeat 10 times

Internal rotation

- Stand holding a stick with the pain-free arm behind your head, and the affected hand behind your back holding the other end
- Using the pain-free arm, pull the stick up towards the ceiling until you feel the onset of pain in your affected shoulder
- Hold the position for 10 seconds and return to starting position
- Repeat 10 times

How can I tell if I have a frozen shoulder?

Frozen shoulder is usually diagnosed by signs and symptoms which are assessed by a docotr or physiotherapist. People who have a frozen shoulder often complain of:

- Gradual worsening shoulder pain with no known cause
- Aching pain on top of the shoulder and often shooting into the upper arm
- Movement restriction without a loss of strength
- Inability to sleep on the affected shoulder and sleep disturbance when rolling on to it
- Difficulty with grooming and dressing as the condition progresses

A doctor or physiotherapist will also assess your movement and palpate the joint help confirm the diagnosis and rule out other shoulder conditions.

What is the treatment for a frozen shoulder?

A frozen shoulder will usually resolve on its own over a period of up to 2 years. However, it can be very frustrating to live with due the pain and restriction in shoulder movement. The aim of treatment therefore, is to maintain movement in the shoulder and offer pain relief whilst waiting for the condition to resolve.

You can try taking over-the-counter painkillers such as paracetamol and nonsteroidal anti-inflammatory drugs (NSAIDS) to help reduce pain and inflammation. If these do not provide sufficient relief, see your GP for a stronger prescription.

Applying heat the shoulder can also offer pain relief. This warms up the shoulder to make it easier to move, and easier to sleep at night.

Performing stretching exercises for the shoulder can also benefit in reducing stiffness in the shoulder. Diligent exercise can reduce the chance of severe restriction in the shoulder, which can aid in faster recovery from a frozen shoulder. These exercises will be taught by the physiotherapists.

Physiotherapy can help you in the recovery from a frozen shoulder. A physiotherapist can perform treatment techniques to increase movement in the shoulder joint, as well as reducing pain. They can also show you exercises that are specific to your condition and ensure you are performing them correctly.

Severe and unrelenting pain may require a cortisone injection. This is a steroid injection which may be effective in the reducing pain in the short term. Your GP or specialist will help you decide whether this treatment option is appropriate for your condition.

When conservative treatment fails, more invasive options can be considered. Shoulder distension is a technique where saline water is injected into the joint to stretch the shoulder joint to help allow it move more easily. Another option is manipulation, which can be performed to stretch out tightened tissues. This process is conducted under anaesthesia by an orthopaedic specialist to restore mobility in severely frozen shoulders. Surgery is the last resort for a frozen shoulder. During this procedure, scar tissue and adhesions are removed through arthroscopic surgery to allow the shoulder to move more freely.